

City of New Bedford ZBA VARIANCE APPLICATION

CASE # 4246

1. SUBMITTAL CHECKLIST

The following documentation must be submitted, in duplicate (1 Original and 11 Copies):

Have you included...			Planning staff review finds...	
Yes	No		Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A <u>Completed and Signed Application</u>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	An <u>Existing Conditions Site Plan</u> , drawn to a scale not less than 1 inch: 40 feet, identifying positioning of existing structures must be provided. Your site plan must show footprint and dimensions of rear, front and side distances between structure(s) and boundary lines.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A <u>Proposed Site Plan</u> showing all proposed alterations or additions with side, front and rear set property lines identified.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A	<u>Sub-Division Plans</u> if Applicable.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A <u>Certified Abutter's List</u> prepared by planning staff and certified by the Assessor's Office.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Plot Plan</u> as provided through Department of Inspectional Services or through the Assessor's Office (in person or online through parcel lookup).	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Filing Fee</u> in check form made payable to the City of New Bedford.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copy of <u>Building Permit Rejection Packet</u> (Containing Rejected Building Permit and all information submitted with Building Permit Application)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Owner's Verification</u> including owner's signature and parcel deed for all involved parcels.	<input type="checkbox"/>	<input type="checkbox"/>

Official Use Only:

Review of submittal compliance performed by _____ of the city's Division of Planning.

Staff review found the application packet to be complete incomplete on this date: _____

This is page 1 of your ZBA Application.

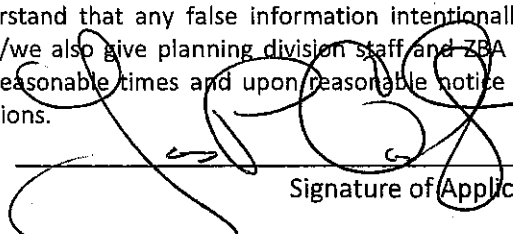
Please remove the instruction pages when submitting your completed application packet but keep this as your first page.

2. VARIANCE SPECIFICS

The undersigned petitions the New Bedford Zoning Board of Appeals [ZBA] to grant a VARIANCE in the manner and for the reasons set forth here under the provisions of the city's zoning ordinance to the following described premises:

APPLICATION SUMMARY (PLEASE PRINT)			
SUBJECT PROPERTY			
ASSESSOR'S MAP PLOT#	45	LOT(S)#	356
REGISTRY OF DEEDS BOOK:	11739	PAGE #	249
PROPERTY ADDRESS:	197 HAWTHORN STREET		CITY CLERKS NEW BEDFO 2016 AUG 26
ZONING DISTRICT:	RA		CITY CLERKS NEW BEDFO OFFICE MA 2:10 08740
OWNER INFORMATION			
NAME:	CYNTHIA AND JAMES GAMMARATA		
MAILING ADDRESS:	197 HAWTHORN ST New Bedford Ma		
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT):			
APPLICANT'S RELATIONSHIP TO THE PROPERTY: Check one:	OWNER <input checked="" type="checkbox"/>	CONTRACT VENDEE <input type="checkbox"/>	OTHER Describe <input type="checkbox"/>
MAILING ADDRESS (IF DIFFERENT):			
TELEPHONE #	508 317 8089		
EMAIL ADDRESS:	JGAMMARATA@306@gmail.com		

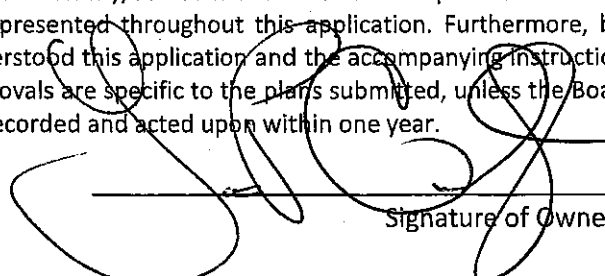
By signing below, I/we acknowledge that all information presented herein is true to the best of my/our knowledge. I/we further understand that any false information intentionally provided or omitted is grounds for the revocation of the approval(s). I/we also give planning division staff and ZBA members the right to access the premises (both interior and exterior) at reasonable times and upon reasonable notice for the purpose of taking photographs and conducting other visual inspections.



 Signature of Applicant/s _____ Date 8-20-16

If the applicant differs from the owner, this section must be completed/signed by the property owner/s:

I hereby authorize the applicant represented above and throughout this application to apply and to represent my/our interests on my/our behalf for the relief requested herein for the premises I/we own noted as "property address" above and presented throughout this application. Furthermore, by signing this application I/we acknowledge having read and understood this application and the accompanying instructions and information. If petition is granted, I/we understand the approvals are specific to the plans submitted, unless the Board states otherwise and that if granted, that the variance must be recorded and acted upon within one year.



 Signature of Owner/s _____ Date 8-20-16

APPLICATION SPECIFICS

DIMENSIONS OF LOT/S:	FRONTAGE 56.75'	DEPTH 100.2'	AREA in SQ FT 5686.35		
EXISTING BUILDING/S	# OF BLDGS 1	EXISTING SIZE 2727	TOTAL SQ FT BY FLOOR	NUMBER OF FLOORS 3	TOTAL SQ. FT ENTIRE STRUCTURE 2727
	# OF DWELLING UNITS 1		# OF BEDROOMS 3		
PROPOSED BUILDING/S	# OF BLDGS	PROPOSED SIZE	TOTAL SQ FT BY FLOOR	NUMBER OF FLOORS	TOTAL SQ. FT ENTIRE STRUCTURE
	# OF DWELLING UNITS		# OF BEDROOMS		EXTENT OF PROPOSED ALTERATIONS
EXISTING USE OF PREMISES:	RESIDENTIAL USE				
PROPOSED USE OF PREMISES:					
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED VARIANCE:	Addition of driveway which would be located in front of existing dwelling				

If there's a commercial use existing and/or proposed, please complete the following:

	EXISTING		PROPOSED	
NUMBER OF CUSTOMERS PER DAY				
NUMBER OF EMPLOYEES				
HOURS OF OPERATION				
DAYS OF OPERATION				
HOURS OF DELIVERIES				
FREQUENCY OF DELIVERIES (Check frequency)	<input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY
	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> OTHER	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> OTHER

If you are also requesting site plan review and special permit/s from the planning board, please specify here:

Complete each item that is relevant to your variance request:

	Existing	Allowed/ Required	Proposed
Lot Area (sq ft)	5686		
Lot Width (ft)	56.75'		
Number of Dwelling Units	1		
Total Gross Floor Area (sq ft)	2727		
Residential Gross Floor Area (sq ft)	2727		
Non-Residential Gross Floor Area (sq ft)			
Building Height (ft)			
Front Setback (ft)	37.5		
Side Setback (ft)	4'		
Side Setback (ft)	5.85		
Rear Setback (ft)			
Lot Coverage by Buildings (% of Lot Area)			
Permeable Open Space (% of Lot Area)			
Green Space (% of Lot Area)	25		
Off-Street Parking Spaces	0		
Loading Bays			
Number of Ground Signs			
Height of Ground Sign			
Proximity of Ground Sign to Property Line			
Area of Wall Sign (sq ft)			
Number of Wall Signs			

3. PARCEL LEGAL DOCUMENTATION

Title Reference to Property

BK 11739 Pg 249

(Attach copy of Deed, Certificate of Title & most recent Recorded Plans showing affected lot or lots)

Is the applicant also the owner? Yes No

If no, please attach the following three items to your application and indicate they are attached:

- A notarized authorization letter on letterhead from the owner to tenant/buyer for application of this permit.

If the Applicant is Not the Owner, Provide:

- A copy of the Purchase & Sale Agreement or lease, where applicable.

- A copy of the deed or deeds of abutting parcels if said parcels have been held in common ownership with the subject property at any time since January 1, 1976.

4. REQUIRED FINDINGS FOR GRANTING A VARIANCE

Massachusetts General Law Chapter 40A Section 10 requires the "permit granting authority" (which, in this instance is the Zoning Board of Appeals) to make ALL the following findings before a variance can be granted:

A

That there are circumstances relating to the soil conditions, shape or topography which especially affect the land or structure in question, but which do not affect generally the zoning district in which the land or structure is located.

B

That due to those circumstances especially affecting the land or structure, literal enforcement of the provisions of the Zoning Ordinance or By Law would involve substantial hardship, financial or otherwise, to the petitioner or appellant.

C

That desirable relief may be granted without nullifying or substantially derogating from the intent or purpose of the Zoning Ordinance or Bylaw.

D

That desirable relief may be granted without substantial detriment to the public good.

The full text of M.G.L. Chapter 40A, Section 10 can be viewed at: <http://www.mass.gov/legis/laws/mgl/>

Because the ZBA must be able to articulate each of these four findings in order to grant a variance; you must make your case as to WHY your application meets each of these four points. **This is an extremely important question and it is recommended that you answer this VERY carefully.** You may use an additional sheet if needed.

- A** Describe any circumstances relating to soil conditions, shape or topography which especially affect the land or structure in question but that doesn't generally affect the zoning district in which your premises is located:
THE DRIVEWAY would need to be located in front of the dwelling as there is not sufficient room to place it beside the dwelling, there are also trees on the boundary line that would need to be removed if the parking area was to be closer to the 4ft buffer zone
- B** Describe how circumstances unique to your land or structure would mean a substantial hardship to you if the city were to literally enforce the zoning ordinance:
There is no parking in front of home, parking is on Ocean St and Tremont St. Snow Removal for the city would be an issue
- C** Describe how granting you relief would not take away from the purpose of the city's zoning ordinance:
Having a parking area would only alleviate congestion on Ocean and Tremont St and would enhance the community
- D** Describe why nobody else would be hurt if the city granted your requested zoning relief:
This only affects the homeowner and would not detract from property values or neighbors curb appeal. Neighbors on either side of dwelling both have off street parking.

5739
145.16

353

5872
148.47

355
4450

356
5311

445
10729

56.75
RESIDENCE A.

40.09

103.08

49.49

110
100.2

108

94.18

45

100

100

100



City of New Bedford
REQUEST for a CERTIFIED ABUTTERS LIST

This information is needed so that an official abutters list as required by MA General Law may be created and used in notifying abutters. You, as applicant, are responsible for picking up and paying for the certified abutters list from the assessor's office (city hall, room #109).

SUBJECT PROPERTY	
MAP #	45
LOT(S)#	356
ADDRESS:	197 Hawthorn St.
OWNER INFORMATION	
NAME:	James P Cammarata
MAILING ADDRESS:	197 Hawthorn St. New Bedford Ma 02746
APPLICANT/CONTACT PERSON INFORMATION	
NAME (IF DIFFERENT):	
MAILING ADDRESS (IF DIFFERENT):	
TELEPHONE #	508 317 8089
EMAIL ADDRESS:	JPCAMMARATA0306@gmail.com
REASON FOR THIS REQUEST: <i>Check appropriate</i>	
<input checked="" type="checkbox"/>	ZONING BOARD OF APPEALS APPLICATION
<input type="checkbox"/>	PLANNING BOARD APPLICATION
<input type="checkbox"/>	CONSERVATION COMMISSION APPLICATION
<input type="checkbox"/>	LICENSING BOARD APPLICATION
<input type="checkbox"/>	OTHER (Please explain):

CITY CLERK
 2016 AUG 26 P 2:14
 CITY CLERKS OFFICE
 NEW BEDFORD, MA
 PLANNING DEPARTMENT
 JUL 25 2016
 PLANNING DEPARTMENT

Once obtained, the Certified List of Abutters must be attached to this Certification Letter.

This sheet is NOT part of your ZBA application but you will need to submit this form to the Planning Division Room 303 in City Hall, 133 William Street. You, as applicant, are responsible for picking up and paying for the certified abutters list from the assessor's office (city hall, room #109).

Official Use Only:

As Administrative Assistant to the City of New Bedford's Board of Assessors, I do hereby certify that the names and addresses as identified on the attached 'abutters list' are duly recorded and appear on the most recent tax

Carlos Amado

7/28/2016

Printed Name

Signature

Date

July 27, 2016
 Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 197 Hawthorn (45-356). The current ownership listed herein must be checked and verified by the City of New Bedford Assessor's Office. Following said verification, the list shall be considered a Certified List of Abutters.

Please note that multiple listed properties with identical owner name and mailing address shall be considered duplicates, and shall require only 1 mailing. Additionally, City of New Bedford-Owned properties shall not require mailed notice.

Parcel	Location	Owner and Mailing Address
45-446	3 OCEAN ST	SMALL IRMA D "TRUSTEE", 3 OCEAN STREET NOMINEE TRUST <i>c/o</i> 3 OCEAN ST <i>Wildacre Lane</i> NEW BEDFORD, MA 02740 <i>Barrington, RI 02806</i> <i>David Small</i>
45-352	18 TREMONT ST	NOBREGA DAVID, 45 RYDER LANE MARION, MA 02738
45-445	1 OCEAN ST	PINTO JOHN M, 1 OCEAN STREET NEW BEDFORD, MA 02740
40-1	200 HAWTHORN ST	N B JEWISH CONVALESCENT, HOME INC 414 COUNTY ST NEW BEDFORD, MA 02740
40-179	190 HAWTHORN ST	CHERVINSKY PAUL, CHERVINSKY ELAINE E 190 HAWTHORN ST NEW BEDFORD, MA 02740
45-356	197 HAWTHORN ST	FRIAS CAMILLE L, 197 HAWTHORN STREET NEW BEDFORD, MA 02740
45-353	14 TREMONT ST	ANTONIO STACY L, DORAN JONATHAN A 14 TREMONT ST NEW BEDFORD, MA 02740
45-355	203 HAWTHORN ST	SKALIOTIS DIONISIOS A, 203 HAWTHORN ST NEW BEDFORD, MA 02740



Legend

Abutters

Simonian + Murray
32 Elm Street
Worcester, MA 01609



2016 00015202

Bk: 11739 Pg: 249 Pg: 1 of 2 BS
Doc: DEED 07/01/2016 11:40 AM

MASSACHUSETTS EXCISE TAX
Bristol ROD South 001
Date: 07/01/2016 11:40 AM
Ctrl# 019619 00757 Doc# 00015202
Fee: \$1,140.00 Cons: \$250,000.00

QUITCLAIM DEED

CAMILLE L. FRIAS, being married, of New Bedford, Bristol County, Massachusetts

for consideration paid and in full consideration of the sum of TWO HUNDRED FIFTY THOUSAND (\$250,000.00) DOLLARS

grants to Cynthia Cammarata and James Cammarata, wife and husband, tenants by entirety

of 197 Hawthorn Street, New Bedford, Bristol County, Massachusetts 01420

WITH QUITCLAIM COVENANTS

The land in New Bedford, Massachusetts bounded and described as follows:

Beginning at a point in the North line of Hawthorn Street one hundred (100.00) feet easterly from the intersection of the east line of Tremont Street with said north line of Hawthorn Street thence northerly in a line parallel with said east line of Tremont Street one hundred (100.00) feet to land now or formerly of one Savage thence easterly along last mentioned land forty-nine and 49/100 (49.49) feet to land now or formerly of E. Hervey, thence southerly along last mentioned land one hundred and 20/100 (100.20) feet to said north line of Hawthorn Street, and thence westerly in said north line of Hawthorn Street fifty-six and 75/100 (56.75) feet to the place of beginning.

Containing 19.51 square rods, more or less.

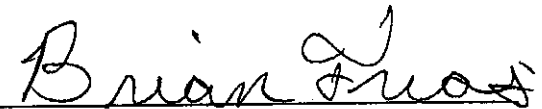
The Grantor, herein together with my husband, Brian Frias, do hereby voluntarily release all of our rights of homestead, if any, as set forth in M.G.L. Chapter 188 and state under oath that there are no other person or persons entitled to any homestead rights other than those executing this Deed.

Property Location: 197 Hawthorn Street, New Bedford, MA

BEING the same premises conveyed to the herein named grantor by deed from Greenwich Investors, XXVI, LLC dated March 15, 2013 and recorded in the Bristol South District Registry of Deeds in Book 10715, Page 101.

WITNESS our hand (s) and seal (s) this 1st day of July, 2016


Camille L. Frias

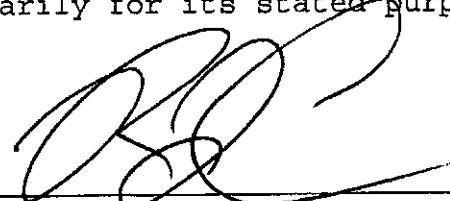

Brian Frias

COMMONWEALTH OF MASSACHUSETTS

BRISTOL COUNTY, ss.


July 1, 2016

On this 1st day of July, 2016, before me, the undersigned notary public, personally appeared Camille L. Frias and Brian Frias (name(s) of document signer), proved to me through satisfactory evidence of identification, which was driver's license, to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that (he) (she) (they) signed it voluntarily for its stated purpose.



Raymond J. Capece - Notary Public
My Commission Expires: August 31, 2018

A true copy of instrument as recorded in
Bristol County (S.D.) Registry of Deeds
in Book 11739 Page 249

ATTES: 
REGISTER

